FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

<u> </u>

OMB API	PROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated averag hours per respo	
SEC USI	E ONLY
Prefix	Serial
1	i

DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series B Preferred	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) ITM Software Corporation	03026241
Address of Executive Offices (Number and Street, City, State, Zip Code) 1300 Crittenden Lane #202, Mountain View, CA 94043	Telephone Number (Including Area Code) (650) 230-1250
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Information Technology Management	
Type of Business Organization Corporation Iimited partnership, already formed	PROCESSED
	(please specify):
Actual or Estimated Date of Incorporation or Organization: Month Year	Actual Estimated THOMSON FINANCIAL
CN for Canada; FN for other foreign jurisdiction)	D E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Each beneficial own Each executive offic Each general and m	e issuer, if the issuer had her having the power to the rand director of corpanaging partner of part	as been vote o orate i nership	or dispose, or direct the ssuers and of corporate issuers.	e vote e gene	or disposition of, 10% ral and managing par	tners o	f partnership i		
Check Box(es) that Apply:	Promoter	\boxtimes	Beneficial Owner	\boxtimes	Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)	****							
Coleman, Kenneth L.									
Business or Residence Addre	ess (Number and Stree	et, City	, State, Zip Code)						
c/o ITM Software Corpora	tion 1300 Crittender	Lane	#202, Mountain Vi	ew, C	A 94043				
Check Box(es) that Apply:	Promoter	⊠	Beneficial Owner	_ 	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Helmer, Jorge H.									
Business or Residence Addre	`								
c/o ITM Software Corpora				iew, C			 		
Check Box(es) that Apply:	Promoter	<u> </u>	Beneficial Owner		Executive Officer	_ 	Director		General and/or Managing Partner
Full Name (Last name first,	if individual)								
Houlihan, James								.	
Business or Residence Addr	•	′ '							
c/o InnoCal II L.P., 600 At				57					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	ں 	Director		General and/or Managing Partner
Full Name (Last name first,	if individual)								
Niermann, Thomas	AL 1 16.		- C						
Business or Residence Adda c/o ITM Software Corpora	•			iew (^A 94043				
Check Box(es) that Apply:	Promoter				Executive Officer	\boxtimes	Director	$\overline{\Box}$	General and/or
Check Box(cs) that Apply.			Belieficial Owlief		Excedite Officer		Director		Managing Partner
Full Name (Last name first,	if individual)								
Ardell, J.E. III			····						
Business or Residence Add	ress (Number and Stre	eet, Ci	ry, State, Zip Code)						
c/o ITM Software Corpor	ation 1300 Crittende	n Lan	e #202, Mountain V	iew, (CA 94043				
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)								
Cash III, James I.				•••	······································				
Business or Residence Add	•	eet, Ci	ty, State, Zip Code)						
16 Highgate Road, Welles	ley, MA 02481								
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	· 🛭	Director		General and/or Managing Partner
Full Name (Last name first	, if individual)								
Lewis, Tom			···						
Business or Residence Add	ress (Number and Str	eet, Ci	ty, State, Zip Code)						
P.O. Box 2226, Salt Lake	City, UT 84110		·						

	A.	BASIC IDE	ENTIF	FICATION DATA		Market .		
 Enter the information requested for the Each promoter of the issuer, if the Each beneficial owner having the Each executive officer and directed Each general and managing partners. 	e issuer has been power to vote or or of corporate is	dispose, or direct the suers and of corporate	vote	or disposition of, 10%				
Check Box(es) that Apply: Prom	oter 🗵	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual)								
Technology Partners Fund VI, L.P.								
Business or Residence Address (Number	and Street, City,	State, Zip Code)						
c/o Technology Partners, 550 Universit	y Avenue, Palo	Alto, Ca 94301					_	
Check Box(es) that Apply: Pron	noter 🛛	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual)								
Technology Partners Fund VII, L.P.	·							
Business or Residence Address (Number								
c/o Technology Partners, 550 Universit	y Avenue, Palo	Alto, Ca 94301					_	
Check Box(es) that Apply: Pron	noter 🗵	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual) InnoCal II, L.P.	ı							
Business or Residence Address (Number	and Street, City	, State, Zip Code)						
600 Anton Blvd, Suite 1270, Costa Mes	a, CA 92626							
Check Box(es) that Apply:	noter 🖂	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual))							
Ascend Ventures, L.P.								
Business or Residence Address (Number	and Street, City	, State, Zip Code)						
1500 Broadway, 14th Floor, New York,	NY 10036							
Check Box(es) that Apply: Pro	moter 🛚	Beneficial Owner	⊠	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual)							
O'Connor, Stephen J.								
Business or Residence Address (Number	and Street, City	, State, Zip Code)						
1300 Crittenden Lane #202, Mountain	View, CA 940	43						· .
Check Box(es) that Apply: Pro	moter 🛚	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual)							
Technology Affiliates Fund VII, L.P.								
Business or Residence Address (Numbe	,	· · ·						
c/o Technology Partners, 550 Universi	ity Avenue, Pal	o Alto, Ca 94301						
Check Box(es) that Apply: Pro	moter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individua	1)							
Business or Residence Address (Number	r and Street, Cit	y, State, Zip Code)	_					
	(Use blank shee	t, or conv and use a	dition	nal copies of this shee	et, as n	iecessary)		
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. Has the	issuer sold, o	or does the iss	uer intend to	sell, to non-	accredited in	vestors in th	is offering?				Yes	No ⊠
		., 4000 the 133	miona it		so in Appen		_		***************************************	•••••••		4
. What is	the minimun	n investment	that will be a	accepted from	n any individ	lua!?	-	• • • • • • • • • • • • • • • • • • • •			\$	N/A
. Does th	e offering per	rmit joint ow	nershin of a	single unit?							Yes □	No ⊠
. Enter the remunes person of	e information ration for soli or agent of a t e (5) persons	requested fo citation of pu proker or deal	r each persor rchasers in c er registered	who has been with the SEC	en or will be p th sales of se C and/or with	oaid or given curities in th a state or sta	, directly or in e offering. If ites, list the n	ndirectly, any a person to b ame of the br	commissior e listed is an oker or deale	or similar associated er. If more		12
	ast name firs	t, if individua	al)									
Business or F	Residence Ad	dress (Numb	or and Street	City State	Zin Code)							
lame of Ass	ociated Brok	er or Dealer										
States in Wh	ich Person Li	sted Has Soli	icited or Inte	nds to Solici	Purchasers							
(Check "A	All States" or	check individ	iuals States)	*****				******************			□ AI	l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[YY]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
<u></u>	sociated Brok		licited or Inte	ends to Solic	it Purchasers							
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States in Wh	nich Person L	isted Has Sol					[DE]	[DC]	(FL)	[GA]	□ A [HI]	II States
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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	<u> </u>
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate	Amount Aiready
	Type of Security Debt	Offering Price	Sold
	Equity		\$ 0,000,000,00
	☐ Common ☐ Preferred	\$ <u>9,000,000.00</u>	\$9,000,000.00
	Convertible Securities (including warrants)	S 0	\$0
	Partnership Interests		\$0
	Other (Specify)		\$ 0
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.	p <u>9,000,000.00</u>	\$9,000,000.00
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering		
	and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchase
	Accredited investors		\$_9,000,000.00
	Non-accredited Investors		\$ 0
	Total (for filings under Rule 504 only)		\$_9,000,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.		-
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	\$0
	Regulation A	0	\$ <u> </u>
	Rule 504	0	\$0
	Total	0	\$0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	🗆	S0
	Printing and Engraving Costs		\$0
	Legal Fees	🖂	\$30,000
	Accounting Fees		\$0
	Engineering Fees		\$0
	Sales Commissions (specify finders' fees separately)		\$0
	Other Expenses (identify)		\$0
	Total		\$0

total e proces Indicathe puleft of forth Salar Purc Cons Acquised Repa	expenses furnished in response to P eeds to the issuer."	ion of machinery and equipmentgs and facilitiesgs and facilities	Payme Officers, D Affili	irectors & iates 0 0 0	□ s <u>0</u> □ s <u>0</u>
Salar Purc Cons Acquised Repr Wor	courposes shown. If the amount for an of the estimate. The total of the pays in response to Part C - Question 4. aries and fees	ing the value of securities involved in this offering that may rities of another issuer pursuant to a merger)	ox to the ssuer set Payme Officers, D Affili	irectors & iates 0 0 0	Others \$ 0 \$ 0 \$ 0
Salar Purc Purc Cons Acquised Repa Wor	chase of real estate	ion of machinery and equipmentgs and facilitiesgs and facilities	Officers, D	irectors & iates 0 0 0	Others \$ 0 \$ 0 \$ 0
Purci Purci Cons Acquised Repa Wor	chase of real estate chase, rental or leasing and installationstruction or leasing of plant buildin quisition of other businesses (included in exchange for the assets or security)	gs and facilities	S \$ y be	00	□ s <u>0</u> □ s <u>0</u>
Purc Cons Acquised Repa Wor	rchase, rental or leasing and installationstruction or leasing of plant buildin quisition of other businesses (included in exchange for the assets or secur	gs and facilities ing the value of securities involved in this offering that may rities of another issuer pursuant to a merger)		0	□ \$o_
Cons Acquised Repa Wor	nstruction or leasing of plant buildin quisition of other businesses (included in exchange for the assets or secur	gs and facilitiesing the value of securities involved in this offering that may	y be		
Acquised Repr Wor	quisition of other businesses (included in exchange for the assets or secur	ing the value of securities involved in this offering that may rities of another issuer pursuant to a merger)	y be	0	_
used Repa Wor	d in exchange for the assets or secur	rities of another issuer pursuant to a merger)	y be		□ \$0_
Wor	payment of indebtedness			0	\$ 0
Othe				0	□ \$ <u> </u>
	orking capital		🗆 \$	0	S \$ 8,970,000.00
2.1	her (specify):		🗆 \$	0	□ \$ <u> </u>
Con	lumn Totals			0	\$ 0
	Total Payments Listed (column to	otals added)		⊠ \$ <u>8,97</u>	70,000.00
- 1		D. FEDERAL SIGNATURE			
undertakii accredited	ting by the issuer to furnish the U.S. Seed investor pursuant to paragraph (b)(2		ts staff, the informati	ion furnished	by the issuer to any non
	(Print or Type) ftware Corporation	Signature Congression	Date Jhh	12,20	03
Name of	of Signer (Print or Type)	Title of Signer (Print or Type)			
Jorge H.	l. Helmer	Vice President Finance and Operations, Treasure	r and Assistant Secu	retary	